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ABSTRACT

The drug counseling program at the University of Iowa is an interdisciplinary program to train masters degree counselors. Fifteen students are admitted each year in the Division of Counselor Education to enroll in a M.A. program in School Counseling, Vocational Rehabilitation Counseling, or College Student Personnel. The curriculum is interdisciplinary in nature combining the efforts of the Pharmacological Department, Psychiatry Department, and Counselor Education. Some of the courses in the curriculum are: Drugs: Their Nature, Action, and Use, The Drug Culture, Drugs and The Counselor, and Psychiatry and Drug Abuse. Three or four internship experiences run concurrently with the students' coursework and entail approximately 20 hours per week. The internships are rotated for the students to gain experience in both an alcohol agency and another type of drug abuse agency. A research project, usually generated from one of the internship settings, is recommended. In addition to the traditional academic criteria for selection, potential students submit a Personal History and Drug Philosophy. Special consideration is given individuals who have done work in drug related areas and to former drug and alcohol abusers who show evidence of well-integrated personalities and complete rehabilitation. The training emphasizes a differential treatment model with program management and accountability. (Author)

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APA Convention

Chicago, Illinois 1975

Program: Training Counseling Specialists in Drug Abuse

Presentation: Treatment: Selection, Preparation, Prognosis

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Marlin R. Schmidt
University of Iowa

APA Convention
Chicago 1975
Training Counseling
Specialists in
Drug Abuse

Treatment: Selection, Preparation, Prognosis

The goal of the drug counseling program at the University of Iowa is to train 60 masters degree counselors over a five year period who receive academic and practical experience in dealing with drug use and abuse. The program has been funded by the National Institute for Drug Abuse. Fifteen students are admitted each year for a two year interdisciplinary sequence of courses in the Division of Counselor Education. Students enroll in a M.A. program in School Counseling, Vocational Rehabilitation Counseling or College Student Personnel and complete a twenty semester hours in one of these programs. In addition, they complete a twenty hour core dealing with drugs including four academic courses, three or four one-semester internship experiences and a drug related research or evaluation project.

At this point I will describe features of the curriculum which as Dr. Hood has emphasized is interdisciplinary in nature combining the efforts of the Pharmacological Department, Psychiatry Department and Counselor Education in direct teaching responsibilities with consultation efforts from the school of Pharmacy. I should point out that in our conceptualization of drug use and abuse--alcohol is considered the major drug problem and is dealt with as such. I believe we were one of the first training programs to do this, and I believe this has been very fortunate for our students. Just in the two year period that the program has existed efforts

within the state and local agencies have been toward combined alcohol and drug abuse program. This has not yet happened at the federal level, but there is much discussion about it. Of course, this will involve a great deal of political manipulation and dispute, but I think the direction is apparent, and the students in our program have been prepared to deal with both kinds of abuse.

The first course in which the students enroll is the Pharmacology course entitled Drugs: Their Nature, Action & Use. This course is designed to cover principles of drug action and drug toxicity through lecture and discussion. Specific classes of drugs covered are antibiotics, sedatives, alcohol, stimulants, hallucinogens, narcotics and over-the-counter preparations. Emphasis is given to environmental motivation leading to drug abuse and to effects of drugs on the central nervous system.

During the same semester that the students take the pharmacology course, they are enrolled in a course entitled The Drug Culture which is taught by Carl S. Davis. Originally, this course was designed to be an elective in the drug program, but during the second year of the program, we made it a requirement because the drug counseling faculty felt that the students need more background in the street drugs. The course focuses on America as a drug culture, street psychopharmacology, personality correlates of drug use and abuse; alternatives to drug abuse and altered states of consciousness.

The third course in the drug sequence and perhaps the first advanced level course is entitled Drugs and the Counselor. The curriculum focuses on the psycho-social aspects of drug use misuse and abuse. The course also covers the relationship of personality organization to drug taking patterns. Treatment is studied from a differential treatment models approach which

. . . Davis will discuss more extensively later in this program. As part of the course curriculum students design an evaluation project or research study. We encourage the students to design a study which may be related to one of their internship experiences, and in some instances, this design forms the basis of their research paper.

During the second year of the program, students enroll in the course Psychiatry & Drug Abuse taught by the faculty in the Psychiatry Department of the medical school. Topics covered deal with hospitalization and outpatient services for the drug abuser and an understanding of psychiatric diagnosis. Students become familiar with alcohol detoxification and antibuse programs, methadone detoxification and methadone maintenance methodology.

Running concurrently with the academic coursework students spend twenty hours per week for three or four semesters in an agency which deals with people who have drug abuse problems. Some of these agencies are the following:

(1) Oakdale Alcoholism Detoxification Center--a unit where the patient spends 7-10 days in short term treatment prior to being sent to a community alcohol agency for help.

(2) Psychiatric Hospital, University of Iowa--inpatient and outpatient services for drug abusers.

3) Veterans Administration Hospital, Iowa City--inpatient alcohol unit.

(4) Reality 10, Cedar Rapids, Iowa--a drug program for people basically between the ages of 16-25 whose drug problems do not involve alcohol. Reality 10 has both outpatient and a residential program for clients. Counselors do a lot of outreach work in the rural

communities and have recently been involved in educational programs. Foundation II, a telephone crisis service is also part of the Reality 10 program where the drug counseling students may work.

(5) Problem Drinking Center--Iowa City. This community agency works with the recently detoxified alcoholic in further rehabilitation. This agency also operates the Gil Voss Recovery House, a halfway house for alcoholics.

(6) Crisis Center, Iowa City--a telephone and walk-in agency to deal with emergency problems, many of which involve drug usage.

(7) The Quint Cities Drug Abuse Program, Davenport, Iowa. This community agency operates inpatient and outpatient services for drug abuser and also provides a methadone maintenance program. Several of the drug students have been involved in counseling at the therapeutic community which is housed in renovated rural school outside of Davenport.

(8) Rock Island County Comprehensive Mental Health Program. This is probably one of the most sophisticated and comprehensive alcohol treatment programs in the area. Utilizing the "lodge" concept, all staff personnel, counselors, and clients have a specifically defined relationship to the program. The "lodge" concept defines each person, whether client or counselor as live in, work in; live in, work out; work in, live out; work out, live out. A program of research has been initiated to evaluate the program's effectiveness.

We try to vary the internship experiences so the student gains experience in both an alcohol agency and another type of drug agency.

The last requirement of the drug counseling program is the research

project. The students are encouraged to do some action-oriented research generated from one of the internship settings. Follow-up studies and program evaluations are of particular importance. Examples of some of the research projects submitted are as follows:

(1) Pre-post studies on the effectiveness of short-term training programs for paraprofessionals.

(2) A study of drug counselors' attitudes toward women and drug abuse.

(3) Post therapy perceptions of helpful counselor characteristics by women recovered alcoholics.

(4) Internal-External Locus of control in alcoholic patients.

(5) Effects of group discussion (choice shifts) on attitudes toward drug abuse.

(6) Conceptual level and alcoholism treatment.

(7) Holland's Self Directed Search and Marijuana use among college students.

As Dr. Hood mentioned, we have been able to be quite selective and yet admit students who seem to have promise to be good drug counselors. In addition to the academic criteria of gpa, GRE scores, letters of recommendation, evidence of leadership or service skills, we ask the candidates to submit Personal History and Drug Philosophy. The personal history and drug philosophy are helpful for initial screening of possible problem candidates. Special consideration is given to former drug and alcohol abusers who show evidence of well-integrated personalities and complete rehabilitation. Special consideration is also given to individuals who have worked or done volunteer work in drug-related areas. The former drug and alcohol abusers must submit a special recommendation form in which a counselor, physician

treatment director confirms their rehabilitation. Incidentally we find that the recovered alcoholic is much more likely to have been thru a formal treatment process. In each class of 15, we will have 2-3 recovered alcoholics or ex-addicts. A profile of the class which just graduated is rather typical of the second year class also except the second group of 15 has a minority representation of 3 people - 2 Blacks, one Chicano.

The first group of graduates are 7 males, 8 female half of them out of state, 10 single, 3 married, 2 divorced. Age range from 22-48, 13 are 23-30. Undergraduate GPA range from 2.6-3.7. Eight have had previous volunteer experience in a drug agency. Five have had previous work experience in drug agency, and four have had no previous work or volunteer experience in a drug agency. This first 15 students graduated in June of 1975. Information that I have received thus far is that about half of the graduates are employed in drug programs. As Dr. Hood predicted, the alcohol agencies seem to be the major employer. The graduates are taking positions which require training of paraprofessional staff as well as some management skills. We had anticipated the need for management training for our graduates, and provided a workshop for them on this topic during their second year of graduate training.

The implications for training drug counselors seems to be obvious. We must concentrate on multiple drug use including more curriculum time for coverage of alcohol related problems particularly in relation to youth, women and the aged. More and more we are seeing teams of counselors working together--the ex-addict and non-addict counselor, paraprofessional and professional counselor. During the two years, I have worked with the drug program, I have found some of the hostilities and vested interests break down between these groups. Students need to be prepared to work in multi-

modality agencies, since we know of no one particular treatment which is best for all people with drug problems. And, finally, the masters level counselor needs to know something about treatment program management and accountability because the various publics and board agencies are beginning to require this from the local drug agencies.